

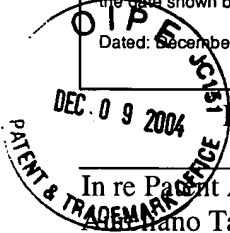
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 576721298 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 9, 2004

Signature:

(Lisa H. Smith)

Docket No.: 05452/002002  
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Hano Tan, Jr.

Application No.: 09/658,387

Confirmation No.: 3461

Filed: September 8, 2000

Art Unit: 2135

For: DIGITAL IDENTITY DEVICE

Examiner: P. W. Klimach

**INFORMATION DISCLOSURE STATEMENT (IDS)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

A copy of each reference on the PTO/SB/08 is attached.

12/13/2004 BSAYASI1 00000013 09658387

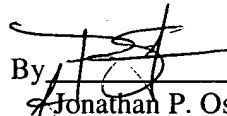
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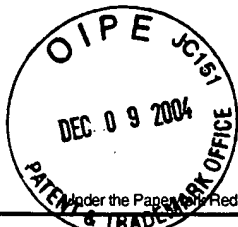
180.00 DP

Please charge our Credit Card in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0591, under Order No. 05452/002002. A duplicate copy of this paper is enclosed.

Dated: December 9, 2004

Respectfully submitted,

By  #45,079  
Jonathan P. Osha  
Registration No.: 33,986  
OSHA & MAY L.L.P.  
1221 McKinney St., Suite 2800  
Houston, 77010  
(713) 228-8600  
(713) 228-8778 (Fax)



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Substitute for form 1449A/B/PTO				<b>Complete if Known</b>	
				Application Number	09/658,387-Conf. #3461
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				Filing Date	September 8, 2000
				First Named Inventor	Aureliano Tan, Jr.
				Art Unit	2135
				Examiner Name	P. W. Klimach
Sheet	1	of	1	Attorney Docket Number	05452/002002

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
	AA	US-5,473,692	12-05-1995	Derek L. Davis	
	AB	US-5,781,723	07-14-1998	Bennet Yee, et al.	
	AC	US-5,857,024	01-05-1999	Kiyoshi Nishino, et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
	BA	WO-97/29416	08-14-1997	Integrated Technologies of America, Inc.		√

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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Application No. (if known): 09/658,387

Attorney Docket No.: 05452/002002

## Certificate of Express Mailing Under 37 CFR 1.10

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on December 9, 2004  
Date

  
Signature

Lisa H. Smith

Typed or printed name of person signing Certificate

Registration Number, if applicable

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Fee Transmittal (1 page)  
IDS (Citation) by Applicant (4 References)  
Information Disclosure Statement  
Transmittal  
Payment by credit card. Form PTO-2038 is attached  
Charge \$180.00 to credit card



12/10/04

2135/15  
✓  
cc

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/658,387-Conf. #3461
	Filing Date	September 8, 2000
	First Named Inventor	Aureliano Tan, Jr.
	Art Unit	2135
	Examiner Name	P. W. Klimach
Total Number of Pages in This Submission	Attorney Docket Number	05452/002002

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<b>Remarks</b>		

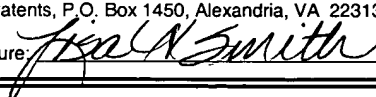
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	OSHA & MAY L.L.P.		
Signature	 #45,679		
Printed name	Jonathan P. Osha		
Date	December 9, 2004	Reg. No.	33,986

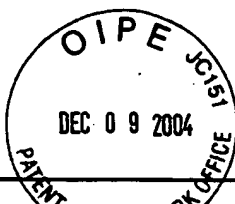
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Dated: December 9, 2004

Signature:



(Lisa H. Smith)



USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b> <i>(Reflects USPTO filing fees in effect from 12/___/04)</i>				<b>Complete if Known</b>																																																																																																																															
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div><b>TOTAL AMOUNT OF PAYMENT</b></div><div><b>(\$)</b> 180.00</div></div>				Application Number		09/658,387-Conf. #3461																																																																																																																													
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<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check</div><div><input checked="" type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Deposit Account</div><div><input type="checkbox"/> None</div></div> <div style="display: flex; justify-content: space-between;"><div>Deposit Account Number</div><div>50-0591</div></div> <div style="display: flex; justify-content: space-between;"><div>Deposit Account Name</div><div>Osha &amp; May L.L.P.</div></div> <p>The Director is hereby authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Charge fee(s) indicated below</div><div><input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b></div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <p>to the above-identified deposit account.</p> <div><input type="checkbox"/> Other (please identify): _____</div>				<b>2. EXTRA CLAIM FEES</b>																																																																																																																															
				<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">Fee Description</th><th style="text-align: right;">Fee (\$)</th><th style="text-align: right;">Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td style="text-align: right;">50</td><td style="text-align: right;">25</td></tr><tr><td>Each independent claim over 3</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr><tr><td>Multiple dependent claims</td><td style="text-align: right;">360</td><td style="text-align: right;">180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">50</td><td style="text-align: right;">25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr><tr><td colspan="3"><b>Total Claims</b></td></tr><tr><td colspan="3" style="text-align: right;">- = x =</td></tr><tr><td colspan="3"><b>Indep. Claims</b></td></tr><tr><td colspan="3" style="text-align: right;">- = x =</td></tr><tr><td colspan="3"><b>Multiple Dependent Claims</b></td></tr><tr><td colspan="3" style="text-align: right;">Fee (\$)</td></tr><tr><td colspan="3" style="text-align: right;">Fee Paid (\$)</td></tr><tr><td colspan="3"><b>Subtotal (2) \$</b> 0.00</td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100	<b>Total Claims</b>			- = x =			<b>Indep. Claims</b>			- = x =			<b>Multiple Dependent Claims</b>			Fee (\$)			Fee Paid (\$)			<b>Subtotal (2) \$</b> 0.00																																																																																				
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ADDITIONAL FILING FEES</b></td></tr><tr><td>Utility Search Fee</td><td style="text-align: right;">500</td><td style="text-align: right;">250</td><td></td></tr><tr><td>Design Search Fee</td><td style="text-align: right;">100</td><td style="text-align: right;">50</td><td></td></tr><tr><td>Plant Search Fee</td><td style="text-align: right;">300</td><td style="text-align: right;">150</td><td></td></tr><tr><td>Reissue Search Fee</td><td style="text-align: right;">500</td><td style="text-align: right;">250</td><td></td></tr><tr><td>Utility Examination Fee</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td><td></td></tr><tr><td>Design Examination Fee</td><td style="text-align: right;">130</td><td style="text-align: right;">65</td><td></td></tr><tr><td>Plant Examination Fee</td><td style="text-align: right;">160</td><td style="text-align: right;">80</td><td></td></tr><tr><td>Reissue Examination Fee</td><td style="text-align: right;">600</td><td style="text-align: right;">300</td><td></td></tr><tr><td>Application Size Fee, each add'l 50 sheets &gt; 100 sheets</td><td style="text-align: right;">250</td><td style="text-align: right;">125</td><td></td></tr><tr><td colspan="4" style="text-align: right;"><b>Subtotal (1) and (1a.) \$</b> 0.00</td></tr></tbody></table>				Fee Description	Fee (\$)	Small	Fee Paid (\$)	Utility Filing Fee	300	150		Design/Design CPA Filing Fee	200	100		Plant Filing Fee	200	100		Reissue Filing Fee	300	150		Provisional Filing Fee	200	100		<b>1a. 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Name (Print/Type)		Jonathan P. Osha		Telephone		(713) 228-8600																																																																																																																													
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